

IV.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
78th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: **9/11/2002**
TIME: **9:16:24AM**

Agency code: **501**

Agency name: **DEPARTMENT OF HEALTH**

CODE	DESCRIPTION	Excp 2004	Excp 2005
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Item Name: Childhood and Adult Vaccines

Item Priority: 1

Includes Funding for the Following Strategy or Strategies:

01-03-02 Implement Programs to Immunize Texas Residents

OBJECTS OF EXPENSE:

2009 OTHER OPERATING EXPENSE

8,123,936

8,052,885

TOTAL, OBJECT OF EXPENSE

\$8,123,936

\$8,052,885

METHOD OF FINANCING:

1 GENERAL REVENUE FUND

8,123,936

8,052,885

TOTAL, METHOD OF FINANCING

\$8,123,936

\$8,052,885

DESCRIPTION / JUSTIFICATION:

There are more than 6,000 public and private providers enrolled in the Texas Vaccines for Children Program (TVFC). Texas leads the nation in the number of uninsured and underinsured children. We also have over a million children on Medicaid (federal fiscal year 1998 data). Many of these children are not receiving the complete series of immunizations required to protect them from vaccine-preventable diseases. The TVFC program allows the following eligible children to receive vaccines for free:

- * Uninsured or underinsured children,
- * Children who are covered by CHIP,
- * Children who are Native American or Native Alaskan heritage; and
- * Children on Medicaid.

The funds requested in this item will improve the number and type of vaccines offered through TVFC program. TDH's goal is to create equality among the public and private vaccine sectors by making all vaccine products available. The funds requested in this item will allow providers to choose the vaccine brand for their patients, eliminate two-tiered vaccine purchasing policy for certain vaccines, and improve the number and type of vaccines offered through the TVFC program.

EXTERNAL/INTERNAL FACTORS:

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Agency name: **DEPARTMENT OF HEALTH**

CODE	DESCRIPTION	Excp 2004	Excp 2005
External factors:			
* Number of counties with high incidence of hepatitis A;			
* Increase/decrease in federal vaccine contract prices;			
* Changes in required proportion of federal/state funding;			
* Increase/decrease in enrolled TVFC providers;			
* Date of licensure of DTaP/IPV/Hepatitis B vaccine; and			
* Changes in Advisory Committee on Immunization Practice recommendations could impact policies			

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CODE	DESCRIPTION	Excp 2004	Excp 2005
	Item Name: Promote Physical Activity, Good Nutrition, and Healthy Body Weight i		
	Item Priority: 2		
	Includes Funding for the Following Strategy or Strategies:		
	04-01-01 Provide Health Services to Women and Children		
OBJECTS OF EXPENSE:			
4000	GRANTS	2,500,000	2,500,000
	TOTAL, OBJECT OF EXPENSE	\$2,500,000	\$2,500,000
METHOD OF FINANCING:			
1	GENERAL REVENUE FUND	2,500,000	2,500,000
	TOTAL, METHOD OF FINANCING	\$2,500,000	\$2,500,000

DESCRIPTION / JUSTIFICATION:

The increasing rate of overweight children is a serious public health concern. Data in 2001 indicate that school-aged children in Texas are more overweight than children in the U.S. as a whole. The data reflects that the problem is greater for boys than girls and for younger children (4th graders vs. 8th and 11th graders). There is also a significant concern for minority children, with about 30% of 4th grade Hispanic boys and African-American girls being overweight.

If this trend continues, so will rates of heart disease, Type II diabetes, hypertension, and cancer. There is an increasing incidence of Type II diabetes in children, and of those, 85% are overweight. Virtually all studies suggest that childhood obesity plays a key role in the incidence of Type II diabetes.

Individual behavior change is at the core of all strategies to reduce obesity. However, such change can occur and be sustained only in an environment that provides opportunities for healthy food choices, regular physical activity and community and family involvement.

The funding will support coordinated school based interventions that include classroom instruction, increased physical activity, improved school nutrition programs, parental involvement, and overall supportive school policies and climate. One full time employee at each of the 20 Regional Education Service Centers (ESCs) will provide training, support basic curriculum and equipment to 25 campuses annually (500 statewide) in order for them to establish and implement coordinated school health programs (CSHP).

EXTERNAL/INTERNAL FACTORS:

Senate Bill 19, passed in the 77th session, called for the Texas Education Agency to work with the TDH to train on coordinated school health programs through the Regional Education Service Centers.

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Agency name: **DEPARTMENT OF HEALTH**

CODE	DESCRIPTION	Excp 2004	Excp 2005
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Item Name: Tobacco Education and Enforcement Expansion
Item Priority: 3
Includes Funding for the Following Strategy or Strategies:
01-03-05 Develop a Statewide Program to Reduce Tobacco Products Use
07-01-01 Central Administration

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	171,776	171,776
2001	PROFESSIONAL FEES AND SERVICES	3,732,430	3,749,548
2005	TRAVEL	35,000	35,000
2006	RENT - BUILDING	3,215	3,215
2009	OTHER OPERATING EXPENSE	40,461	40,461
4000	GRANTS	6,000,000	6,000,000
5000	CAPITAL EXPENDITURES	17,118	0
TOTAL, OBJECT OF EXPENSE		\$10,000,000	\$10,000,000

METHOD OF FINANCING:

5040	TOBACCO SETTLMNT RECEIPTS	10,000,000	10,000,000
TOTAL, METHOD OF FINANCING		\$10,000,000	\$10,000,000

FULL-TIME EQUIVALENT POSITIONS (FTE):

3.00	3.00
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DESCRIPTION / JUSTIFICATION:

During the 76th Texas Legislative Session, a \$200 million Permanent Endowment for Tobacco Education and Enforcement was created using proceeds from the Texas Tobacco Settlement. The interest from this endowment in addition to a direct appropriation for FY02-03 was allocated to TDH to prevent tobacco use and promote cessation. Research has shown that comprehensive tobacco control programs have the following components: school/community interventions, cessation programs, enforcement of laws, intensive media campaigns, surveillance and evaluation and a statewide infrastructure. In addition, each addresses the needs of special and diverse populations. Due to funding constraints, the Texas Tobacco Prevention Initiative for the 02-03 biennium funded Harris, Fort Bend, Montgomery and Jefferson counties. To implement these programs, TDH contracted with local health departments, Education Service Centers, law enforcement agencies, a media firm to produce tobacco control messaging and higher education institutions to perform evaluation. In the first year of implementation, 6th and 7th graders in the comprehensive area showed a 40% net reduction in tobacco use. The funding requested will allow expansion of this program to reach 3 million additional Texans.

EXTERNAL/INTERNAL FACTORS:

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CODE	DESCRIPTION	Excp 2004	Excp 2005
	Over 400,000 Texas youth have used tobacco products during the past 30 days. Long-term reduction in tobacco use is best effected through changes in the social environment. These changes can be facilitated in local communities through community partnerships that include a wide variety of organizations and systems. Tobacco is the number one preventible cause of death in Texas and in the United States. Research supports strong prevention efforts in youth. Reducing tobacco use now means decreased healthcare costs for the future.		

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CODE	DESCRIPTION	Excp 2004	Excp 2005
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Item Name: Cancer, Birth Defects, EMS/Trauma Registries
Item Priority: 4
Includes Funding for the Following Strategy or Strategies:
01-03-03 Implement Programs to Reduce Incidence of Preventable Diseases
07-01-02 Information Resources

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	190,111	190,111
2001	PROFESSIONAL FEES AND SERVICES	2,514,475	2,082,397
2004	UTILITIES	2,100	2,100
2005	TRAVEL	23,000	23,000
2006	RENT - BUILDING	19,290	19,290
2009	OTHER OPERATING EXPENSE	388,993	372,427
5000	CAPITAL EXPENDITURES	110,127	66,968
TOTAL, OBJECT OF EXPENSE		\$3,248,096	\$2,756,293

METHOD OF FINANCING:

1	GENERAL REVENUE FUND	3,248,096	2,756,293
TOTAL, METHOD OF FINANCING		\$3,248,096	\$2,756,293

FULL-TIME EQUIVALENT POSITIONS (FTE):

9.00	9.00
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DESCRIPTION / JUSTIFICATION:

Statewide cancer, birth defect, and EMS/Trauma registry information are essential for assessing the burden and impact of disease and injury among Texans and for evaluating the success of prevention and control efforts at the community, region, and state levels. Registry information is one of the foundations of public health and plays a critical role in directing health policy. Chapter 82 of the Health and Safety Code mandates the TDH to maintain a cancer registry that serves as a central data bank of accurate, precise, and current cancer incidence information. Chapters 92 & 773 of the Health and Safety Code mandates the TDH to maintain and disseminate complete, timely, and quality statewide injury incidence data. Chapter 37 of the Health and Safety Code mandates the TDH to maintain a statewide registry on birth defects in Texas. Current resources inhibit TDH's efforts to meet national standards for data completeness, timeliness, and quality. This makes it difficult to adequately identify populations at increased risk of disease or injury, target health resources and interventions, monitor changes in incidence over time, aid in research to understand causes, and evaluate prevention and control efforts.

EXTERNAL/INTERNAL FACTORS:

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CODE	DESCRIPTION	Excp 2004	Excp 2005
	Budgetary shortfalls on an annual basis are affecting the ability of these surveillance systems to carry out their respective mandates. The \$2.1 million that the cancer registry receives annually from the federal government is dependent upon the registry's ability to meet the requirements of the National Program of Cancer Registries. Lack of additional funding will result in the registry's inability to meet those standards and will jeopardize the federal funds contingent upon meeting those standards. Continued budgetary shortfalls also will affect the ability of the TDH to maintain statewide birth defects and EMS/Trauma registries as required by the mandates. The inability to maintain complete and accurate registries also will impact the ability to meet the data needs of researchers, health professionals, community leaders, and others in the state and new funding opportunities are missed.		

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CODE	DESCRIPTION	Excp 2004	Excp 2005
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	Item Name: Tuberculosis Item Priority: 5 Includes Funding for the Following Strategy or Strategies: 01-03-03 Implement Programs to Reduce Incidence of Preventable Diseases		
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OBJECTS OF EXPENSE:

2009	OTHER OPERATING EXPENSE	650,000	650,000
	TOTAL, OBJECT OF EXPENSE	\$650,000	\$650,000

METHOD OF FINANCING:

1	GENERAL REVENUE FUND	650,000	650,000
	TOTAL, METHOD OF FINANCING	\$650,000	\$650,000

DESCRIPTION / JUSTIFICATION:

TDH is requesting increased funding for the purchase of medication for the treatment of tuberculosis and testing supplies. The State of Texas has experienced increased population growth statewide. The border regions of Texas are one of the fastest growing areas of the State. These population increases include an increasing number of persons at high-risk for tuberculosis (TB). The average annual incidence rate per 100,000 is greater in the border counties than in other areas of the State. Individuals born in Mexico accounted for 58.8% of the foreign-born TB cases reported in the State in 1998. Children 14 years of age or younger living in the border counties of Texas are at twice the risk of getting TB compared with children living in non-border counties.

Drug resistant and multi-drug resistant TB continues to be an important issue for TB control. In 1998, 80% of the drug resistant cases identified were in foreign-born persons and 43.7% of those foreign-born cases report Mexico as their place of birth.

EXTERNAL/INTERNAL FACTORS:

The costs of more advanced and newer medications, as well as the costs of testing supplies continue to increase. The increased at-risk population has necessitated an increase in more diagnostic tests, medical evaluations, and laboratory tests such as drug susceptibility testing which is necessary to identify the drugs to which the TB organism is resistant. Drug resistant and multi-drug resistant TB requires drugs that are significantly more expensive to purchase and the duration of treatment with these more expensive drugs is longer than for non-drug resistant TB. Increased funding for the purchase of medications and testing supplies will allow the program to continue to offer targeted testing for high-risk populations and provide recommended treatment regimens.

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CODE	DESCRIPTION	Excp 2004	Excp 2005
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Item Name: HIV/STD Medications

Item Priority: 6

Includes Funding for the Following Strategy or Strategies:

01-03-01 Provide HIV and STD Education and Services

OBJECTS OF EXPENSE:

2009 OTHER OPERATING EXPENSE

14,800,000 19,200,000

TOTAL, OBJECT OF EXPENSE

\$14,800,000 \$19,200,000

METHOD OF FINANCING:

1 GENERAL REVENUE FUND

14,800,000 19,200,000

TOTAL, METHOD OF FINANCING

\$14,800,000 \$19,200,000

DESCRIPTION / JUSTIFICATION:

The Texas HIV Medication Program (THMP) needs additional funding to purchase drugs. Budgetary shortfalls are anticipated due to 1) More THMP clients living long-term; 2) an increase in new HIV+ clients using the THMP; 3) Level or decreased federal funding for the THMP; and 4) Increasing cost of drugs to treat HIV and related infections. Projections show THMP shortfalls in the FY02/03 biennium and continuing at even higher levels during the FY04/05 biennium. These do not include the addition of new HIV drugs, funding changes or inflation drug costs. In Texas, STDs (excluding HIV) are the most frequently reported communicable diseases. GR funding available to treat individuals diagnosed with or exposed to STDs is not sufficient to cover the annual average of \$1.2 million increase.

EXTERNAL/INTERNAL FACTORS:

Early access to clinical care for HIV+ persons prolongs lives. Delayed access to drugs increases susceptibility to life threatening infections resulting in costly hospitalizations. HIV+ individuals once lived an average of six months. Newer drugs to treat HIV have improved health and extended lives. Drugs are costly, adversely impacting THMP's ability to provide adequate drugs to all clients given level funding. Young women and children are especially at high risk for STDs and their complications. Babies born to infected mothers often suffer the most. STDs in children lead to fetal death, retardation, crippling, blindness, deafness, pneumonia and low birth weight. STDs in women lead to chronic debilitating pain, ectopic pregnancy, sterility, cancer and death. Adolescents are at higher risk for acquiring STDs because they have multiple partners, unprotected sex, and select partners at high risk.

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CODE	DESCRIPTION	Excp 2004	Excp 2005
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	Item Name:	Children with Special Health Care Needs	
	Item Priority:	7	
Includes Funding for the Following Strategy or Strategies:			
	04-01-03	Administer the Children with Special Health Care Needs Program	
	07-01-01	Central Administration	
	07-01-04	Regional Administration	

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	506,460	506,460
2001	PROFESSIONAL FEES AND SERVICES	503,090	895,183
2005	TRAVEL	11,250	11,250
2006	RENT - BUILDING	51,440	51,440
2009	OTHER OPERATING EXPENSE	237,745	260,470
3001	CLIENT SERVICES	22,195,338	30,827,186
5000	CAPITAL EXPENDITURES	24,378	0
TOTAL, OBJECT OF EXPENSE		\$23,529,701	\$32,551,989

METHOD OF FINANCING:

1	GENERAL REVENUE FUND	23,529,701	32,551,989
TOTAL, METHOD OF FINANCING		\$23,529,701	\$32,551,989

FULL-TIME EQUIVALENT POSITIONS (FTE):

		17.00	17.00
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DESCRIPTION / JUSTIFICATION:

For 69 years, the Children with Special Health Care Needs (CSHCN) program has addressed needs of Texas children and their families. This program serves as a safety net, providing health care benefits; case management; and family support services (e.g. wheelchair ramps, respite care, medical foods) to children who have limited or no other payment sources for these services. In response to a projected budget shortfall in FYs 2002-2003, a waiting list for medical services was initiated and a waiting list for family support services was continued. Approximately half of those on waiting lists have no other source of payment for health care. Many are undocumented residents; therefore, not eligible for Medicaid or the Children's Health Insurance Program (CHIP). The number of eligible clients in Texas creates a demand for CSHCN program services that exceeds allocated dollars, resulting in a continued waiting list situation.

EXTERNAL/INTERNAL FACTORS:

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CODE	DESCRIPTION	Excp 2004	Excp 2005
	Statewide, budgetary limits and the overall economic picture translate to increased need and decreased resources. Providers shoulder an ever-increasing burden for care for the uninsured, including the undocumented, whose only source of health care coverage (other than emergency care) is the CSHCN program. The number of children with special needs in Texas increases daily and overall health care expenses are escalating. The CSHCN program has undergone a review by the HHSC and is implementing changes based on their recommendations. An extensive stakeholder input process has identified as the prime concern removal of children from the waiting lists while continuing to offer a comprehensive health and family supports benefit package to all eligible children.		

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CODE	DESCRIPTION	Excp 2004	Excp 2005
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	Item Name:	Maintain Current Kidney Health Care
	Item Priority:	8
Includes Funding for the Following Strategy or Strategies:		
	01-03-04	Provide Prompt Service and/or Referral for Chronic Disease Services

OBJECTS OF EXPENSE:

3001	CLIENT SERVICES	3,608,577	6,465,095
TOTAL, OBJECT OF EXPENSE		\$3,608,577	\$6,465,095

METHOD OF FINANCING:

1	GENERAL REVENUE FUND	3,308,577	5,665,095
8046	VENDOR DRUG REBATES-PUB HEALTH	300,000	800,000
TOTAL, METHOD OF FINANCING		\$3,608,577	\$6,465,095

DESCRIPTION / JUSTIFICATION:

This exceptional item request includes the provision to maintain the current level of services for current Kidney Health Care (KHC) clients and for a client caseload that is expected to grow at an expected rate of 7% to 10% during the 04-05 biennium. Diabetes is the leading cause of end stage renal disease (chronic kidney failure) in the United States and Texas. Currently, there are approximately 24,000 clients eligible for KHC services. Approximately 45% of these patients have a primary diagnosis of diabetes. Minorities are disproportionately represented in the patient population with end stage renal disease.

EXTERNAL/INTERNAL FACTORS:

- * Changes in federal Medicare coverage of outpatient drugs for Medicare beneficiaries.
- * Expanded health/medical coverage through federal waivers for the aged and disabled Medicaid recipients who are served.
- * Immigration and welfare reform; limiting or restating coverage to certain citizens/residents.

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Agency code: **501**

Agency name: **DEPARTMENT OF HEALTH**

CODE	DESCRIPTION	Excp 2004	Excp 2005
Item Name: EMS Systems Item Priority: 9 Includes Funding for the Following Strategy or Strategies:			
	03-01-01 Timely Issuance: License/Permit/Certification to Professional/Facility		
	05-02-02 Regionalized Emergency Health Care Systems		
	07-01-01 Central Administration		
	07-01-04 Regional Administration		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	315,420	315,420
2001	PROFESSIONAL FEES AND SERVICES	100,000	100,000
2005	TRAVEL	10,500	10,500
2006	RENT - BUILDING	32,146	32,146
2009	OTHER OPERATING EXPENSE	60,482	60,482
4000	GRANTS	2,000,000	2,000,000
5000	CAPITAL EXPENDITURES	18,500	0
TOTAL, OBJECT OF EXPENSE		\$2,537,048	\$2,518,548
METHOD OF FINANCING:			
1	GENERAL REVENUE FUND	2,537,048	2,518,548
TOTAL, METHOD OF FINANCING		\$2,537,048	\$2,518,548
FULL-TIME EQUIVALENT POSITIONS (FTE):		10.00	10.00

DESCRIPTION / JUSTIFICATION:

TDH currently provides EMS local project grants to providers. Requests for these grants generally are in excess of \$4 million per year but TDH is only able to fund \$1.1 million. Local grant projects traditionally pay for certification training, specialty training, education programs, equipment, etc. Small and rural EMS providers have difficulty in obtaining funding for essential services and maintaining equipment and training. Increasing funding for local providers will improve the capacity of rural EMS providers.

Acute illness and injury is a major pediatric health problem. Children with acute illness and injury require special resources and routine standards for patient care must consider the unique needs of patients who are children. The addition of an optional Pediatric Categorization process is a method by which hospitals could be formally recognized as to their pediatric emergency capabilities and commitment.

TDH provides leadership and technical support to local EMS systems development in communities to assist in meeting the emergency health care needs of seriously ill or injured citizens. Recent changes in the Medicare reimbursement schedule and claims filing procedures by Medicaid have created new financial and administrative burdens on EMS providers. The EMS strategic plan proposes increased technical assistance toward improving revenue collection procedures and Medicare/Medicaid claim disputes and enhancing the TDH's resources available to local EMS systems. Leadership and technical support is necessary to assure competent and appropriate patient care.

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EXTERNAL/INTERNAL FACTORS:

Small rural providers do not have the administrative expertise to assure compliance with regulatory requirements nor improve reimbursement dollars from 3rd party payors including Medicare and Medicaid.

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CODE	DESCRIPTION	Excp 2004	Excp 2005
Item Name: Texas Health Steps Medical & Dental and Medical Transportation Pro Item Priority: 10 Includes Funding for the Following Strategy or Strategies:			
	02-01-01 Provide Non-ambulance Transportation for Medicaid Recipients		
	02-01-02 Provide Medicaid Children Access to Preventive Medical Care		
	02-01-03 Provide Dental Care in Accordance with All Federal Mandates		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	217,056	379,848
2001	PROFESSIONAL FEES AND SERVICES	27,512	33,349
2005	TRAVEL	2,400	4,200
2006	RENT - BUILDING	25,720	45,010
2009	OTHER OPERATING EXPENSE	81,647	118,498
3001	CLIENT SERVICES	15,077,734	31,402,591
5000	CAPITAL EXPENDITURES	14,800	11,100
TOTAL, OBJECT OF EXPENSE		\$15,446,869	\$31,994,596
METHOD OF FINANCING:			
555	FEDERAL FUNDS		
93.778.000	Medical Assistance Program	9,216,533	19,062,858
758	GR MATCH FOR MEDICAID	6,230,336	12,931,738
TOTAL, METHOD OF FINANCING		\$15,446,869	\$31,994,596
FULL-TIME EQUIVALENT POSITIONS (FTE):		8.00	14.00

DESCRIPTION / JUSTIFICATION:

Under Medicaid, clients are entitled to preventive and therapeutic medical and dental services. These same clients are entitled to coverage of travel related expenses, which help to eliminate or reduce barriers to accessing Medicaid eligible health care services.

An enhanced and expanded outreach and informing effort based on SB 43, 77th Legislature, has resulted in a better-informed Medicaid population who are projected to increase their utilization of preventive health care services.

EXTERNAL/INTERNAL FACTORS:

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CODE	DESCRIPTION	Excp 2004	Excp 2005
1.	Enhanced marketing of the Children's Medicaid Program.		
2.	Increased caregiver knowledge of preventive health care and medical transportation services that are available for THSteps clients.		
3.	Maintenance of an adequate medical and dental provider base to provide access to preventive medical and dental care for THSteps clients.		

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CODE	DESCRIPTION	Excp 2004	Excp 2005
Item Name: Texas Health Steps Medical & Dental Program Provider Rate Increase Item Priority: 11 Includes Funding for the Following Strategy or Strategies: 02-01-02 Provide Medicaid Children Access to Preventive Medical Care 02-01-03 Provide Dental Care in Accordance with All Federal Mandates			
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	27,530,365	59,715,333
TOTAL, OBJECT OF EXPENSE		\$27,530,365	\$59,715,333
METHOD OF FINANCING:			
555	FEDERAL FUNDS		
93.778.000	Medical Assistance Program	16,493,442	35,691,854
758	GR MATCH FOR MEDICAID	11,036,923	24,023,479
TOTAL, METHOD OF FINANCING		\$27,530,365	\$59,715,333

DESCRIPTION / JUSTIFICATION:

Under Medicaid, clients are entitled to preventive and therapeutic medical and dental services. These same clients are entitled to coverage of travel related expenses which helps to eliminate or reduce barriers to accessing Medicaid eligible health care services.

The proposed fee increase is essential to maintaining and expanding the provider base required to support increased utilization projected as a result of the enhanced and expanded outreach and informing resulting from the implementation of SB 43, 77th Legislature. This increase will also increase the average cost per client for Medicaid strategies.

EXTERNAL/INTERNAL FACTORS:

1. Enhanced marketing of the Children's Medicaid Program.
2. Increased caregiver knowledge of preventive health care and medical transportation services that are available for THSteps clients.
3. Maintenance of an adequate medical and dental provider base to provide access to preventive medical and dental care for THSteps clients.

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Agency name: **DEPARTMENT OF HEALTH**

CODE	DESCRIPTION	Excp 2004	Excp 2005
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Item Name: Vital Statistics Enhancement Project
Item Priority: 12

Includes Funding for the Following Strategy or Strategies:

05-01-01 Provide System for Information Related to Births, Deaths, & Marriages
07-01-02 Information Resources

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	163,956	163,956
2001	PROFESSIONAL FEES AND SERVICES	60,000	70,000
2003	CONSUMABLE SUPPLIES	12,000	12,000
2005	TRAVEL	0	15,000
2009	OTHER OPERATING EXPENSE	1,021,972	1,139,076
4000	GRANTS	0	1,855,000
5000	CAPITAL EXPENDITURES	2,000,000	0
TOTAL, OBJECT OF EXPENSE		\$3,257,928	\$3,255,032

METHOD OF FINANCING:

19 VITAL STATISTICS ACCOUNT

TOTAL, METHOD OF FINANCING

	3,257,928	3,255,032
TOTAL, METHOD OF FINANCING	\$3,257,928	\$3,255,032

FULL-TIME EQUIVALENT POSITIONS (FTE):

	8.00	8.00
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DESCRIPTION / JUSTIFICATION:

In the last twenty years, the number of records filed annually for births and deaths has increased over 40%, with a growth projection of up to 10% each year compounded. Over a six-year period, the number of certified documents issued increased approximately 33.7%, that is an average of 926 documents on a daily basis. Of the documents issued, the number of expedited service requests increased approximately 67%.

Re-engineering of state vital statistics systems is important to incorporate changes to the death, fetal death, divorce, and marriage registration. Electronic systems must be developed to handle high volume of records filed each year, and enhance the capabilities to store, retrieve, and transmit the records timely. The customer request processing system must be integrated into the vital registration designs to facilitate efficiency and improve customer service. An Electronic Death Registration System- would allow direct entry by funeral directors, physicians, medical examiners, justices of the peace and county judges. The Vital Statistics System- would provide comprehensive and integrated system to handle fee processing, customer requests, document control, indexing, archiving and other administrative functions. Suits Affecting the Parent-Child Relationship- a central registry would consist of divorce/annulments (with or without children) and suits affecting the parent-child relationship that are reported through the clerk of the court.

EXTERNAL/INTERNAL FACTORS:

IV.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
78th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: **9/11/2002**
TIME: **9:16:40AM**

Agency code: **501**

Agency name: **DEPARTMENT OF HEALTH**

CODE	DESCRIPTION	Excp 2004	Excp 2005
	Timely filing of records, coupled with the ability to issue certified copies quickly, have a direct impact on the availability of health & human services programs for individuals. Local registration officials will be awarded grants for enhancements to local systems to allow for the re-engineering and integration of systems at the local level.		

IV.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
78th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: **9/11/2002**
TIME: **9:16:40AM**

Agency code: **501**

Agency name: **DEPARTMENT OF HEALTH**

CODE	DESCRIPTION	Excp 2004	Excp 2005
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	Item Name: Regulatory Automation System		
	Item Priority: 13		
	Includes Funding for the Following Strategy or Strategies:		
	01-01-03 Implement Risk Management Programs: Worker Health, Sanitation		

OBJECTS OF EXPENSE:

2001	PROFESSIONAL FEES AND SERVICES	3,920,000	1,920,000
	TOTAL, OBJECT OF EXPENSE	\$3,920,000	\$1,920,000

METHOD OF FINANCING:

1	GENERAL REVENUE FUND	3,920,000	1,920,000
	TOTAL, METHOD OF FINANCING	\$3,920,000	\$1,920,000

DESCRIPTION / JUSTIFICATION:

At the present time 84 regulatory programs are supported by 57 different systems. This effort will provide one system with a Web-enabled database and the latest technology available. Many of the current systems are antiquated to the point of not having vendor support and incur high maintenance costs. Three independent recommendations from a TDH Regulatory Review, an HHSC Report on TDH Regulatory Programs, and the TDH Business Improvement Plan have called for the development of this system. Major justifications are: to integrate the automation systems and consolidate processes across the regulatory programs; force the discovery and implementation of best practices; provide complete regulatory tracking through licensing, training & testing, contact tracking, investigation & inspection, enforcement, and compliance monitoring; provide an automatic update to web published information; reduce costs in maintenance and the time required for regional investigation and enforcement information requests; reduce liability risks by automating the record retention policies; reduce the costs of developing management reports; and track workload accurately by gathering built-in user performance metrics. Certainly it must be realized that any cost savings in maintenance may be replaced by maintenance costs for the new system.

EXTERNAL/INTERNAL FACTORS:

The TDH Regulatory Review recommended the agency, "Update or purchase computer software that integrates licensing, inspection, investigation, enforcement, and compliance activities." The HHSC Report on TDH Regulatory Programs and the TDH Business Improvement Plan Initiative 87, states, "Plan to upgrade and consolidate licensing systems." Increased customer demands for web access to all regulatory components that TDH cannot meet with antiquated standalone computer systems.

IV.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
78th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: **9/11/2002**
TIME: **9:16:41AM**

Agency code: **501**

Agency name: **DEPARTMENT OF HEALTH**

CODE	DESCRIPTION	Excp 2004	Excp 2005
	Item Name: Technical Staffing in Radiation Control		
	Item Priority: 14		
	Includes Funding for the Following Strategy or Strategies:		
	01-01-04 Develop a Comprehensive Regulatory Program for Radiation		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	342,173	342,173
	TOTAL, OBJECT OF EXPENSE	\$342,173	\$342,173
METHOD OF FINANCING:			
1	GENERAL REVENUE FUND	342,173	342,173
	TOTAL, METHOD OF FINANCING	\$342,173	\$342,173

DESCRIPTION / JUSTIFICATION:

A technical staffing crisis in the Bureau of Radiation Control (BRC) challenges the Texas Department of Health (TDH) to attract and maintain a viable workforce of health physicists. U.S. demand for health physicists during the next five years is expected to outpace supply by nearly 160%. Texas salaries do not compete with private sector or federal government salaries, which have increased 50% to 90% in the past ten years and average 45% to 50% higher than the average technical salary in the BRC. The BRC has experienced a 34% turnover rate of technical staff during the past two years and an average vacancy time of 81 days.

The average annual salary increase for technical staff that left TDH was \$22,000. Hiring entry-level candidates requiring training creates a significant staff development cost and does not ensure that they will stay after becoming qualified.

TDH requests the exceptional item to increase the budget of the BRC to allow technical staff positions to be upgraded and to make salaries of technical staff members more comparable to those of industry and the federal government.

This will result in a 7% increase in overall program costs that will be recovered through fee increases.

EXTERNAL/INTERNAL FACTORS:

Salaries of the technical staff in the BRC are not competitive with other government and private sector employers. Without adequately qualified health physics staff, mandated regulatory activities would not be accomplished in a timely fashion, and radiation emergencies, including threats to homeland security, could not receive the rapid and knowledgeable response needed. Federal relations with regard to the Agreement between Texas and the U.S. Nuclear Regulatory Commission (NRC), under which NRC evaluates staffing and performance of staff, would be jeopardized. The Texas Radiation Advisory Board supports the imminent need to attract and maintain qualified health physics technical staff in BRC.

IV.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
78th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: **9/11/2002**
TIME: **9:16:41AM**

Agency code: **501**

Agency name: **DEPARTMENT OF HEALTH**

CODE	DESCRIPTION	Excp 2004	Excp 2005
	Item Name: Tower Building Facility Improvements to comply with fire code and A		
	Item Priority: 15		
	Includes Funding for the Following Strategy or Strategies:		
	07-01-03 Other Support Services		
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	95,803	0
2009	OTHER OPERATING EXPENSE	271,563	0
5000	CAPITAL EXPENDITURES	804,489	0
	TOTAL, OBJECT OF EXPENSE	\$1,171,855	\$0
METHOD OF FINANCING:			
1	GENERAL REVENUE FUND	1,171,855	0
	TOTAL, METHOD OF FINANCING	\$1,171,855	\$0

DESCRIPTION / JUSTIFICATION:

The Tower Building is one of the primary office structures at the TDH Central Campus. It houses over 300 employees from programs across the agency.

This building is defined as a “high rise” building (occupied floor level greater than 75’ above ground level accessible by a fire department vehicle). An engineering study conducted in July 2001 by O’Connell Robertson & Associates, Architects, Engineers, and Planners, has determined that this building is not in compliance with the NFPA 101, Life Safety Code, the Americans With Disabilities Act (ADA) and the Texas Accessibility Standards (TAS).

Funds are required to bring the Tower Building into compliance with the Life Safety Code for “existing” structures; a less rigorous requirement than for “new” structures. Specific activities include: installation of a sprinkler system and fire pump, mechanical upgrades to the HVAC system, electrical enhancements to fire alarm and elevator systems, and general modifications to the structure (e.g., handrails, stairwells, signage, wall coverings, etc).

In addition, funds are required to bring the Tower Building into compliance with ADA and TAS. Specific activities include: modification of elevators, modification of toilet rooms and “hi-lo” water coolers.

EXTERNAL/INTERNAL FACTORS:

TDH has been cited several times by the State Fire Marshall for the lack of a sprinkler system in the Tower Building. Continuing to operate in violation of code could subject the department to paying fines and/or having the Tower Building de-commissioned. In addition, failure to bring the Tower Building into compliance will put the department in conflict with requirements of the federal Health Insurance Portability & Accountability Act (HIPAA).

IV.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
78th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: **9/11/2002**
TIME: **9:16:42AM**

Agency code: **501**

Agency name: **DEPARTMENT OF HEALTH**

CODE	DESCRIPTION	Excp 2004	Excp 2005
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Item Name: Master Systems Architecture for Health Systems Integration

Item Priority: 16

Includes Funding for the Following Strategy or Strategies:

07-01-02 Information Resources

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	392,616	392,616
2001	PROFESSIONAL FEES AND SERVICES	1,407,384	1,707,384
2009	OTHER OPERATING EXPENSE	0	50,000
5000	CAPITAL EXPENDITURES	700,000	350,000
TOTAL, OBJECT OF EXPENSE		\$2,500,000	\$2,500,000

METHOD OF FINANCING:

1	GENERAL REVENUE FUND	2,500,000	2,500,000
TOTAL, METHOD OF FINANCING		\$2,500,000	\$2,500,000

FULL-TIME EQUIVALENT POSITIONS (FTE):

6.00	6.00
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DESCRIPTION / JUSTIFICATION:

Elimination of duplicate IR efforts and resources that sustain unnecessary technical administration programs can be achieved through the development of a master systems architecture whose purpose is to align technical strategies across the agency.

EXTERNAL/INTERNAL FACTORS:

Cost to maintain antiquated systems creates state budgetary dependencies on market values on non-commodity resources such as specialized software and consultant services. In response, the state must expend funds to preserve systems that prevent cross functional access to critical health data.

IV.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
78th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: **9/11/2002**
TIME: **9:16:43AM**

Agency code: **501**

Agency name: **DEPARTMENT OF HEALTH**

CODE	DESCRIPTION	Excp 2004	Excp 2005
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Item Name: Expanded Base Level Staffing

Item Priority: 17

Includes Funding for the Following Strategy or Strategies:

05-01-03 Data Concerning Charges, Utilization, Provider Quality, and Outcomes

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	227,580	227,580
2009	OTHER OPERATING EXPENSE	3,600	0
5000	CAPITAL EXPENDITURES	12,500	0
TOTAL, OBJECT OF EXPENSE		\$243,680	\$227,580

METHOD OF FINANCING:

1	GENERAL REVENUE FUND	243,680	227,580
TOTAL, METHOD OF FINANCING		\$243,680	\$227,580

FULL-TIME EQUIVALENT POSITIONS (FTE):

6.00	4.00
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DESCRIPTION / JUSTIFICATION:

This exceptional request item will expand the number of FTEs that are available for basic and specific activities that are mandated by the legislature. Prior appropriations have not been based on realistic assumptions concerning necessary staff resources. Consequently, some activities are staffed at a minimal level, while other activities are not staffed at this time.

EXTERNAL/INTERNAL FACTORS:

The additional staffing will allow the Council to proceed with the development and publication of mandated reports.

IV.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
78th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: **9/11/2002**
TIME: **9:16:43AM**

Agency code: **501**

Agency name: **DEPARTMENT OF HEALTH**

CODE	DESCRIPTION		Excp 2004	Excp 2005
	Item Name:	Consumer Information/Education		
	Item Priority:	18		
	Includes Funding for the Following Strategy or Strategies:			
		05-01-03 Data Concerning Charges, Utilization, Provider Quality, and Outcomes		
OBJECTS OF EXPENSE:				
1001	SALARIES AND WAGES		76,224	76,224
2009	OTHER OPERATING EXPENSE		136,200	135,000
5000	CAPITAL EXPENDITURES		5,000	0
	TOTAL, OBJECT OF EXPENSE		\$217,424	\$211,224
METHOD OF FINANCING:				
1	GENERAL REVENUE FUND		217,424	211,224
	TOTAL, METHOD OF FINANCING		\$217,424	\$211,224
FULL-TIME EQUIVALENT POSITIONS (FTE):			2.00	2.00

DESCRIPTION / JUSTIFICATION:

Since its inception, the Texas Health Care Information Council has provided only minimal focus on development and maintenance of a public education program. The Council thinks that a formalized and well-structured program of this type is necessary in order to meet the Legislature's mandate of converting the data collected in usable information that is available to consumers of all types. As such, this exceptional item will find expansion of an existing activity.

EXTERNAL/INTERNAL FACTORS:

Funding for staff and other resources that will allow THCIC to fulfill this legislative mandate do not exist. Funding for this exceptional item will enable the THCIC to address the legislative intent of disseminating information that is developed base on data that is collected.